

Gym Program Member Application

Please note: You must FILL OUT THIS APPLICATION COMPLETELY or it will be returned to you.

Circle the YMCA or University or State owned gym you have selected

Auburn/Lewiston	Bath	Belfast / Waldo County	Biddeford/Northern York County
Boothbay Harbor	Dover-Foxcroft/Piscataquis	Ellsworth/Downeast	Freeport / Casco Bay
New Gloucester /Pineland	Old Town	Portland	Rockport/Penobscot
Sanford/Springvale	UMF	UMFK	UMM
UMO	UMPI	Waterville/Alfond (Pool Only)	

The Eastside / Westside and Bangor Wellness Centers are State owned facilities and are not IRS reportable as taxable income. For more information about the Eastside/Westside and Bangor Wellness facilities, go to www.wellnessworksme.org.

Name (please print) _____ Age _____ DOB _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ ☐ Check here if you are enrolled in ME First

Department _____ Department Number _____ Department Location _____

(can be found on paystub)

Department Address _____ Department City _____

Email _____ Emergency Contact _____ Phone for Emergency Contact _____

Physician _____ Phone _____ Fax _____

HEALTH HISTORY (Please check the applicable box)

☐ Yes ☐ No Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ Yes ☐ No Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor?

☐ Yes ☐ No Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No Are you being treated for high blood pressure? If yes, please indicate what method of treatment/medications you use. _____

☐ Yes ☐ No Do you have diabetes?

☐ Yes ☐ No Do you have asthma or any other respiratory problems?

☐ Yes ☐ No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Continued on back

- ☐ Yes ☐ No Are you participating in physical and/or occupational therapy?
If yes, where: _____
- ☐ Yes ☐ No Are you pregnant?
- ☐ Yes ☐ No If no, have you given birth in the last six months?

How did you hear about the Wellness Works Gym Program?

Please send or fax a copy of your state of Maine insurance card along with this completed application to:

State of Maine Gym Program
c/o Employee Health & Benefits
#114 SHS
Augusta, ME 04333
Phone: 287-6785
Fax: 287-9062

For office use only

☐ Insurance card copy received

Please note:

Under IRS publication 15-B, "the value of an employee and/or family member's use of an off-site athletic facility provided by an employer is taxable income to the employee." As such, the value of the gym memberships provided by the State for facilities **not on state** premises must be reported on the employee's W-2.

Beginning in 2012, this policy will be enforced for any State of Maine employee that uses a gym facility **other than the Eastside, Westside or Bangor Wellness Centers**. As mentioned in the above policy, the value of the gym membership will be reported on your W-2 as taxable income. Each gym facility membership cost is unique. Therefore, the taxable income to each individual will differ based on the gym facility they have chosen to use.

Please inform the gym coordinator at (207) 287-6785, if you are not using your gym membership or if you need to cancel your membership.

I certify the above information is true and I agree to notify Employee Health & Benefits staff of any changes to this application or in my medical status.

Signature _____ Date _____

